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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/785,207
	Filing Date	02/24/2004
	First Named Inventor	Shanta Modak
	Art Unit	1616
	Examiner Name	A. Soroush
Total Number of Pages In This Submission	Attorney Docket Number	070050.2534

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Baker Botts L.L.P.		
Signature	<i>Sandra S. Lee</i>		
Printed name	Sandra S. Lee		
Date	12/18/2008	Reg. No.	51,932

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name		Date	

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# FEE TRANSMITTAL for FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 0

## Complete if Known

Application Number 10/785,207  
Filing Date 02/24/2004  
First Named Inventor Shanta Modak  
Examiner Name A. Soroush  
Art Unit 1616  
Attorney Docket No. 070050.2534

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 02-4377  
Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) or any underpayment of fee(s)  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

### FEE CALCULATION

#### Extra Claim Fees

Total Claims  x 26 = \$0  
Independent Claims  x 110 = \$0  
Multiple Dependent  = \$0

SUBTOTAL \$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	52	26
Independent claims in excess of 3	220	110
Multiple dependent claim, if not paid	390	195

### FEE CALCULATION (continued)

#### ADDITIONAL FEES

☐ Surcharge - late oath or filing fee  
☐ Non-English Specification  
☐ Extension for reply within first month  
☐ Extension for reply within second month  
☐ Extension for reply within third month  
☐ Extension for reply within fourth month  
☐ Extension for reply within fifth month  
☐ Notice of Appeal  
☐ Filing a brief in support of an appeal  
☐ Petition to revive - unavoidable  
☐ Petition to revive - unintentional  
☐ Utility Issue Fee  
☐ Design Issue Fee  
☐ Publication Fee  
☐ Petitions to the Commissioner  
☐ Request for Continued Examination (RCE)  
☐ Information Disclosure Statement (IDS)  
Other fee -

SUBTOTAL (\$ ) 0

### SUBMITTED BY

Name (Print/Type) Sandra S. Lee  
Signature *Sandra S. Lee*

Registration No. 51,932  
(Attorney/Agent)

(Complete if applicable)

Telephone 212-408-2500  
Date 12/18/2008

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